
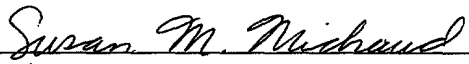
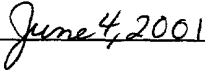


Parameter	Value	Unit
Temperature	25.0	°C
Pressure	1.0	atm
Flow rate	1.0	L/min
Concentration	0.1	mol/L
pH	7.0	
Wavelength	254	nm
Scan rate	10	nm/min
Integration time	10	s
Resolution	0.5	nm
Slit width	1.0	mm
Detector	Photodiode	
Sample	Water	
Reference	Water	
Blank	Water	
Path length	1.0	cm
Wavelength	254	nm
Scan rate	10	nm/min
Integration time	10	s
Resolution	0.5	nm
Slit width	1.0	mm
Detector	Photodiode	
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Reference	Water	
Blank	Water	
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Wavelength	254	nm
Scan rate	10	nm/min
Integration time	10	s
Resolution	0.5	nm
Slit		

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IDS	0 pages
Form PTO 1449	0 pages
Cited References	7 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 15 - 20 x \$9	\$0.00
Excess Independent Claims Fee: 1 - 3 x \$40	\$0.00
Multiple Dependent Claims Fee: \$135	\$0.00
Total Fees:	\$355.00
<input checked="" type="checkbox"/> Enclosed is a check for \$355.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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<b>CUSTOMER NO: 21559</b>	
<div style="display: flex; justify-content: space-between;"> <div>             Signature         </div> <div>             Date         </div> </div>	